ALYSON KUNTZ-BUTLER VBAC RISK ASSESSMENT

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|-----------------|-----------|------|--|
| Clients Name | Client ID | Date | |
| Circinto Marric | CHETTE | Date | |
| | | | |

VBAC Risk Scoring

A score of 1 to 5 = low risk, 6 to 9 = moderate risk, above 10 = high risk

| Cesarean Section History | | | Score |
|--|---|---|-------|
| Number of previous cesareans. | +1 point each | | |
| Length of time since last cesarean. | +2 points <18 months | | |
| Failed trial of labor after the primary cesarean. | +2 points each | | |
| Other uterine surgeries (myomectomy, hysteroscopic). | +3 point each | | |
| Incision other than low transverse. *Any 'T' type incision is considered high risk and vaginal birth is not recon | +5 points each | | |
| Previous uterine rupture | +9 points each | | |
| Reason(s) for prior Cesarean Section | | +1 point each per each delivery | |
| Cephalopelvic Disproportion | | Placental Abruption | |
| Failure to Progress or Failure to Descend | | Placenta Previa | |
| Active Genital Herpes | | Diabetes | |
| Hypertension (chronic, pregnancy induced, pre-eclampsia) | | Postdates >42 weeks | |
| Placental Insufficiency , IUGR | | Preterm | |
| Other Reasons | | No points added | |
| Malpresentation (posterior, face, brow, transverse, compound) | Umbilical Cord Related Complications (prolapse, entanglement) | | |
| Non-Vertex Presentation | Repeat Cesarean | | |
| Multiple Gestation | Coercion | | |
| Prior Third or Fourth Degree Laceration | Maternal Request | | |
| Other | | | |
| | | Previous Vaginal Deliveries 2 points credited | |
| | | Repeat Cesarean Total Score | |

| Additional Information or Comments for Further Clarification | | | | | | | | |
|--|------|--|--|--|--|--|--|--|
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| | | | | | | | | |
| Provider Signature | Date | | | | | | | |

This VBAC Risk Score is to aid in the assessment of clients for possible Trial of Labor After Cesarean (TOLAC) and Vaginal Birth After Cesarean (VBAC), and does not guarantee a successful vaginal delivery or eliminate the potential risks. It should not be used as the sole indicator in client care nor should it replace prudent, conscientious care. The practitioner is responsible for compliance to state and local standards to include informed consent and disclosure.